

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
ADAMS	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$124.00	\$27.01		*		*			84	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Highmark Inc.	FreedomBlue PPO Value Central PA		*					\$0.00	-								
		FreedomBlue PPO Standard Central PA		*					\$63.00	\$18.23	*			*			87	*
		FreedomBlue PPO Deluxe Central PA		*					\$92.00	\$37.32	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
ALLEGHENY	Advantra PPO	Advantra PPO Gold	*	*					\$100.00	\$21.53	*			*			98	*
	Elder Health Pennsylvania, Inc.	Elder Health	*						\$0.00	\$0.00	*			*			94	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	HealthAmerica Advantra	Advantra MA Only	*						\$20.00	-								
		Advantra Silver	*						\$54.00	\$11.12	*			*			76	*
		Advantra Gold	*						\$69.00	\$21.53	*			*			98	*
	Highmark Inc.	FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*			87	*
		SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
	UPMC for Life PPO		*					\$75.76	-									
	UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost			Coverage			Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										
ARMSTRONG	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$39.00	\$11.12	•			•			76	•
		Advantra Gold	•						\$54.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•					\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
BEAVER	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$39.00	\$11.12	•			•			76	•
		Advantra Gold	•						\$54.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•					\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
	UPMC for Life PPO		•					\$75.76	-									
	UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BEDFORD	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset	*						\$17.00	-								
		SecurityBlue Value RX Bedford/Blair/Somers	*						\$42.00	\$18.23	*			*			87	*
		SecurityBlue Standard Bedford/Blair/Somers	*						\$62.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Bedford/Blair/Somerset	*						\$89.00	\$37.41	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-		*		*				
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
	BERKS	Amerihealth 65	*						\$23.68	\$23.68			*				88	
	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$97.00	\$27.01		*		*			84	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				*			\$50.00	-								
		GHP Gold Choice Standard Rx				*			\$73.00	\$23.28			*				72	*
		GHP Gold Choice \$0 Deductible Rx				*			\$74.00	\$23.68	*			*			72	*
		GHP Gold Choice Enhanced Rx				*			\$86.00	\$35.66	*			*			72	*
	Highmark Inc.	FreedomBlue PPO Value Central PA		*					\$0.00	-								
		FreedomBlue PPO Standard Central PA		*					\$63.00	\$18.23	*			*			87	*
		FreedomBlue PPO Deluxe Central PA		*					\$92.00	\$37.32	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	Keystone Health Plan Central, Inc	Senior Blue Option 4	*						\$27.00	-								
		SeniorBlue Option 3	*						\$51.00	\$27.01		*		*			84	*
		SeniorBlue Option 2	*						\$97.00	\$27.01		*		*			84	*
		SeniorBlue Option 1	*						\$132.00	\$27.01		*		*			84	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	United HealthCare Insurance Company	Evercare Plan P		*					\$31.24	\$31.24	*			*			97	*

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan									Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered	
BLAIR	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83		
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$31.00	-									
		GHP Gold Select Standard Rx	•						\$54.00	\$23.28			•				72	•	
		GHP Gold Select \$0 Deductible Rx	•						\$55.00	\$23.68	•			•			72	•	
		GHP Gold Select Enhanced Rx	•						\$67.00	\$35.66	•			•			72	•	
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•					\$105.00	-									
		GHP Gold Preferred Standard Rx		•					\$128.00	\$23.28			•				72	•	
		GHP Gold Preferred \$0 Deductible Rx		•					\$129.00	\$23.68	•			•			72	•	
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•	
	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•	
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•	
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•	
	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset	SecurityBlue Value Bedford/Blair/Somerset	•						\$17.00	-								
		SecurityBlue Value RX Bedford/Blair/Somers	SecurityBlue Value RX Bedford/Blair/Somers	•						\$42.00	\$18.23	•			•			87	•
		SecurityBlue Standard Bedford/Blair/Somers	SecurityBlue Standard Bedford/Blair/Somers	•						\$62.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Bedford/Blair/Somerset	SecurityBlue Deluxe Bedford/Blair/Somerset	•						\$89.00	\$37.41	•			•	•		87	•
	Sterling Option I	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	Unison Advantage Plus	•						\$32.59	\$32.59			•	•			82	
		Unison Advantage Preferred	Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO	UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx	UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
BRADFORD	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$0.00	-									
		GHP Gold Choice Standard Rx				•			\$23.00	\$23.00			•				72	•	
		GHP Gold Choice \$0 Deductible Rx				•			\$24.00	\$23.68	•			•			72	•	
		GHP Gold Choice Enhanced Rx				•			\$36.00	\$35.66	•			•			72	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•	
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•	
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier	Today's Options Premier				•			\$37.95	-								

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BUCKS	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-				*			85	*
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Choice Value Plan		*					\$85.00	\$31.26			*	*			85	*
		Aetna Golden Medicare Premier Plan	*						\$85.00	\$57.41	*			*	*		97	*
		Aetna Golden Choice Standard Plan		*					\$95.00	\$41.88	*			*	*		85	*
		Aetna Golden Choice Premier Plan		*					\$149.00	\$57.41	*			*	*		97	*
	Elder Health Pennsylvania, Inc.	Elder Health	*						\$0.00	\$0.00	*			*			94	*
		Elder Health Select	*						\$32.59	\$32.59			*	*			94	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*			97	*
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81				*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone 65	Keystone 65 Value Medical Only	*						\$0.00	-				*				
		Keystone 65 Complete	*						\$25.44	\$25.44			*	*			88	
		Keystone 65 Value Rx Option I	*						\$35.00	\$35.00			*	*			97	*
		Keystone 65 Value Rx Option II	*						\$42.00	\$42.00	*			*			97	*
		Keystone 65 Standard Medical Only	*						\$50.00	-				*				
		Keystone 65 Standard Rx Option	*						\$85.00	\$35.11			*	*			97	*
		Keystone 65 Standard Rx Option I	*						\$92.00	\$43.17	*			*			97	*
		Keystone 65 Direct Medical Only	*						\$92.00	-				*				
		Keystone 65 Standard Rx Option II	*						\$120.00	\$67.25	*			*		*	97	*
		Keystone 65 Direct Rx Option II	*						\$134.00	\$43.17	*			*			97	*
		Keystone 65 Direct Rx Option III	*						\$162.00	\$67.25	*			*	*		97	*
	Personal Choice 65	Personal Choice 65 Value Medical Only		*					\$120.00	-				*				
		Personal Choice 65 Standard Medical Only		*					\$130.00	-				*				
		Personal Choice 65 Value Rx Option I		*					\$155.00	\$35.11			*	*			97	*
		Personal Choice 65 Value Rx Option II		*					\$162.00	\$42.11	*			*			97	*
		Personal Choice 65 Standard Rx Option I		*					\$165.00	\$35.11			*	*			97	*
		Personal Choice 65 Standard Rx Option II		*					\$172.00	\$42.11	*			*			97	*
		Personal Choice 65 Standard Rx Option III		*					\$229.00	\$60.11	*			*		*	97	*
	Senior Partners	Senior Partners Silver	*						\$22.63	\$22.63	*			*			87	
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	United HealthCare Insurance Company www.evercareonline.com	Evercare Plan P		*					\$31.24	\$31.24	*			*			97	*
		Erickson Advantage No Rx						*	\$90.00	-				*				
		Erickson Advantage						*	\$135.00	\$44.71	*			*			97	*

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
BUTLER	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83		
	HealthAmerica Advantra	Advantra Silver	•					\$39.00	\$11.12	•			•			76	•	
		Advantra Gold	•					\$54.00	\$21.53	•			•			98	•	
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•				\$86.00	\$18.23	•			•			87	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-									
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•	
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81				•			97	•	
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•	
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•					\$0.00	-									
		SecurityBlue Value RX Southwestern PA	•					\$25.00	\$18.23	•			•			87	•	
		SecurityBlue Standard Southwestern PA	•					\$45.00	\$18.23	•			•			87	•	
		SecurityBlue Deluxe Southwestern PA	•					\$96.00	\$37.36	•			•	•		87	•	
	Sterling Option I	Sterling Option I				•		\$9.00	-									
	Unison Health Plan	Unison Advantage Choice	•					\$32.59	\$32.59			•	•			94		
		Unison Advantage Plus	•					\$32.59	\$32.59			•				82		
		Unison Advantage Preferred	•					\$96.51	\$49.16			•	•			94		
	UPMC Health Plan	UPMC for Life HMO	•					\$0.00	-									
		UPMC for Life Specialty Plan	•					\$19.12	\$19.12		•		•			85	•	
		UPMC for Life HMO Rx	•					\$74.00	\$22.00		•		•			85	•	
		UPMC for Life PPO		•				\$75.76	-									
		UPMC for Life PPO Rx		•				\$121.00	\$32.00		•		•			85	•	
CAMBRIA	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83		
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$31.00	-									
		GHP Gold Select Standard Rx	•					\$54.00	\$23.28			•				72	•	
		GHP Gold Select \$0 Deductible Rx	•					\$55.00	\$23.68	•			•			72	•	
		GHP Gold Select Enhanced Rx	•					\$67.00	\$35.66	•			•			72	•	
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-									
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•	
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•	
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•	
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•				\$86.00	\$18.23	•			•			87	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-									
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•	
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•	
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•	
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•					\$0.00	-									
		SecurityBlue Value RX Southwestern PA	•					\$25.00	\$18.23	•			•			87	•	
		SecurityBlue Standard Southwestern PA	•					\$45.00	\$18.23	•			•			87	•	
		SecurityBlue Deluxe Southwestern PA	•					\$96.00	\$37.36	•			•	•		87	•	
	Sterling Option I	Sterling Option I				•		\$9.00	-									
	UPMC Health Plan	UPMC for Life HMO	•					\$0.00	-									
		UPMC for Life Specialty Plan	•					\$19.12	\$19.12		•		•			85	•	
		UPMC for Life HMO Rx	•					\$74.00	\$22.00		•		•			85	•	
		UPMC for Life PPO		•				\$75.76	-									
		UPMC for Life PPO Rx		•				\$121.00	\$32.00		•		•			85	•	
CAMERON	Highmark Inc.	FreedomBlue PPO West Central PA		•				\$79.00	\$18.23	•			•			87	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-									
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•	
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•	
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•	
	Sterling Option I	Sterling Option I				•		\$9.00	-									
	Today's Option	Today's Options Basic				•		\$23.95	-									
		Today's Options Premier				•		\$37.95	-									

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CARBON	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$53.00	-							72	•
		GHP Gold Select Standard Rx	•						\$76.00	\$23.28							72	•
		GHP Gold Select \$0 Deductible Rx	•						\$77.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$89.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•					\$105.00	-								
		GHP Gold Preferred Standard Rx		•					\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•					\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
		Sterling Option I	Sterling Option I				•		\$9.00	-								
CENTRE	Capital Advantage Insurance Company	SeniorBlue PPO		•					\$113.00	\$27.01		•		•			84	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$40.00	-								
		GHP Gold Choice Standard Rx				•			\$63.00	\$23.28			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•			\$64.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•			\$76.00	\$35.66	•			•			72	•
	HealthAmerica Advantra	Advantra	•						\$17.00	\$16.58	•			•			76	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•						\$44.00	-								
		SeniorBlue Option 3	•						\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•						\$117.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•						\$157.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$9.00	-								
		Today's Option	Today's Options Basic				•			\$23.95	-							
			Today's Options Premier				•			\$37.95	-							

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
CHESTER	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-				*			85	*
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Choice Value Plan	*	*					\$85.00	\$31.26			*	*			85	*
		Aetna Golden Medicare Premier Plan	*						\$85.00	\$57.41	*			*	*		97	*
		Aetna Golden Choice Standard Plan		*					\$95.00	\$41.88	*			*	*		85	*
		Aetna Golden Choice Premier Plan		*					\$149.00	\$57.41	*			*	*		97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*			97	*
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone 65	Keystone 65 Value Medical Only	*						\$0.00	-				*				
		Keystone 65 Complete	*						\$25.44	\$25.44			*	*			88	
		Keystone 65 Value Rx Option I	*						\$35.00	\$35.00			*	*			97	*
		Keystone 65 Value Rx Option II	*						\$42.00	\$42.00	*			*			97	*
		Keystone 65 Standard Medical Only	*						\$50.00	-				*				
		Keystone 65 Standard Rx Option	*						\$85.00	\$35.11			*	*			97	*
		Keystone 65 Standard Rx Option I	*						\$92.00	\$43.17	*			*			97	*
		Keystone 65 Direct Medical Only	*						\$92.00	-				*				
		Keystone 65 Standard Rx Option II	*						\$120.00	\$67.25	*			*		*	97	*
		Keystone 65 Direct Rx Option II	*						\$134.00	\$43.17	*			*			97	*
		Keystone 65 Direct Rx Option III	*						\$162.00	\$67.25	*			*	*		97	*
	Personal Choice 65	Personal Choice 65 Value Medical Only		*					\$120.00	-				*				
		Personal Choice 65 Standard Medical Only		*					\$130.00	-				*				
		Personal Choice 65 Value Rx Option I		*					\$155.00	\$35.11			*	*			97	*
		Personal Choice 65 Value Rx Option II		*					\$162.00	\$42.11	*			*			97	*
		Personal Choice 65 Standard Rx Option I		*					\$165.00	\$35.11			*	*			97	*
		Personal Choice 65 Standard Rx Option II		*					\$172.00	\$42.11	*			*			97	*
		Personal Choice 65 Standard Rx Option III		*					\$229.00	\$60.11	*			*		*	97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	United HealthCare Insurance Company	Evercare Plan P		*					\$31.24	\$31.24	*			*			97	*
CLARION	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*				
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description			Cost						Coverage				Convenience						
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
CLEARFIELD	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$21.00	-							72	*	
		GHP Gold Select Standard Rx	*						\$44.00	\$23.28			*				72	*	
		GHP Gold Select \$0 Deductible Rx	*						\$45.00	\$23.68	*			*			72	*	
		GHP Gold Select Enhanced Rx	*						\$57.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Classic	*						\$72.00	-									
		GHP Gold Classic Standard Rx	*						\$95.00	\$23.28			*				72	*	
		GHP Gold Classic \$0 Deductible Rx	*						\$96.00	\$23.68	*			*			72	*	
		GHP Gold Classic Enhanced Rx	*						\$108.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Preferred		*					\$105.00	-									
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*	
	Highmark Inc.	GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*	
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*	
		FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*	
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*	
		Sterling Option I					*		\$9.00	-									
		Geisinger Health Plan Gold		*					\$36.00	-									
		CLINTON	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$36.00	-							72
	GHP Gold Select Standard Rx			*						\$59.00	\$23.28			*				72	*
	GHP Gold Select \$0 Deductible Rx			*						\$60.00	\$23.68	*			*			72	*
	GHP Gold Select Enhanced Rx			*						\$72.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Classic			*						\$82.00	-								
	GHP Gold Classic Standard Rx			*						\$105.00	\$23.28			*				72	*
	GHP Gold Classic \$0 Deductible Rx			*						\$106.00	\$23.68	*			*			72	*
	GHP Gold Classic Enhanced Rx			*						\$118.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Choice						*			\$50.00	-								
	GHP Gold Choice Standard Rx						*			\$73.00	\$23.28			*				72	*
GHP Gold Choice \$0 Deductible Rx					*			\$74.00	\$23.68	*			*			72	*		
Geisinger Health Plan Gold Preferred	GHP Gold Choice Enhanced Rx					*			\$86.00	\$35.66	*			*			72	*	
	Geisinger Health Plan Gold Preferred			*					\$105.00	-									
	GHP Gold Preferred Standard Rx			*					\$128.00	\$23.28			*				72	*	
	GHP Gold Preferred \$0 Deductible Rx			*					\$129.00	\$23.68	*			*			72	*	
	GHP Gold Preferred Enhanced Rx			*					\$141.00	\$35.66	*			*			72	*	
	Humana Insurance Company					*			\$0.00	\$0.00	*			*			97	*	
	HumanaChoicePPO PPO R5826-015				*				\$36.00	-									
	HumanaChoicePPO PPO R5826-025				*				\$77.00	\$14.42		*					97	*	
	HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*		
SecureHorizons Direct					*		\$0.00	-											
Sterling Option I	SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Sterling Option I					*		\$9.00	-										
	Today's Option					*		\$23.95	-										
	Today's Options Premier					*		\$37.95	-										

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
COLUMBIA	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$113.00	\$27.01		*		*			84	*
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$36.00	-								
		GHP Gold Select Standard Rx	*						\$59.00	\$23.28			*				72	*
		GHP Gold Select \$0 Deductible Rx	*						\$60.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$72.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Classic	*						\$82.00	-								
		GHP Gold Classic Standard Rx	*						\$105.00	\$23.28			*				72	*
		GHP Gold Classic \$0 Deductible Rx	*						\$106.00	\$23.68	*			*			72	*
		GHP Gold Classic Enhanced Rx	*						\$118.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice					*		\$50.00	-								
		GHP Gold Choice Standard Rx					*		\$73.00	\$23.28			*				72	*
		GHP Gold Choice \$0 Deductible Rx					*		\$74.00	\$23.68	*			*			72	*
		GHP Gold Choice Enhanced Rx					*		\$86.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-								
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091					*		\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	Keystone Health Plan Central, Inc.	SeniorBlue Option 4	*						\$44.00	-								
		SeniorBlue Option 3	*						\$68.00	\$27.01		*		*			84	*
		SeniorBlue Option 2	*						\$117.00	\$27.01		*		*			84	*
		SeniorBlue Option 1	*						\$157.00	\$27.01		*		*			84	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1					*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	Sterling Option I	Sterling Option I					*		\$9.00	-								
	Today's Option	Today's Options Basic					*		\$23.95	-								
		Today's Options Premier					*		\$37.95	-								
CRAWFORD	Highmark Inc.	FreedomBlue PPO Crawford/Erie/Mercer		*					\$81.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer	*						\$19.00	-								
		SecurityBlue Value RX Crawford/Erie/Mercer	*						\$44.00	\$18.23	*			*			87	*
		SecurityBlue Standard Crawford/Erie/Mercer	*						\$64.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Crawford/Erie/Mercer	*						\$91.00	\$37.39	*			*	*		87	*
	Sterling Option I	Sterling Option I					*		\$9.00	-								
UPMC Health Plan	UPMC for Life PPO		*						\$75.76	-								
	UPMC for Life PPO Rx		*						\$121.00	\$32.00		*		*			85	*

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CUMBERLAND	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$97.00	\$27.01		*		*			84	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				*			\$40.00	-								
		GHP Gold Choice Standard Rx				*			\$63.00	\$23.28			*				72	*
		GHP Gold Choice \$0 Deductible Rx				*			\$64.00	\$23.68	*			*			72	*
		GHP Gold Choice Enhanced Rx				*			\$76.00	\$35.66	*			*			72	*
	Highmark Inc.	FreedomBlue PPO Value Central PA		*					\$0.00	-								
		FreedomBlue PPO Standard Central PA		*					\$63.00	\$18.23	*			*			87	*
		FreedomBlue PPO Deluxe Central PA		*					\$92.00	\$37.32	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42	*	*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	Keystone Health Plan Central, Inc	Senior Blue Option 4	*						\$27.00	-								
		SeniorBlue Option 3	*						\$51.00	\$27.01	*	*		*			84	*
		SeniorBlue Option 2	*						\$97.00	\$27.01	*	*		*			84	*
		SeniorBlue Option 1	*						\$132.00	\$27.01	*	*		*			84	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
DAUPHIN	Advantra PPO	Advantra PPO Gold		*					\$77.00	\$27.58	*			*			98	*
	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$137.00	\$27.01		*		*			84	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$30.00	-								
		GHP Gold Select Standard Rx	*						\$53.00	\$23.28			*				72	*
		GHP Gold Select \$0 Deductible Rx	*						\$54.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$66.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Classic	*						\$78.00	-								
		GHP Gold Classic Standard Rx	*						\$101.00	\$23.28			*				72	*
		GHP Gold Classic \$0 Deductible Rx	*						\$102.00	\$23.68	*			*			72	*
		GHP Gold Classic Enhanced Rx	*						\$114.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-								
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	HealthAmerica Advantra	Advantra Silver	*						\$47.00	\$11.12	*			*			76	*
	Highmark Inc.	FreedomBlue PPO Value Central PA		*					\$0.00	-								
		FreedomBlue PPO Standard Central PA		*					\$63.00	\$18.23	*			*			87	*
		FreedomBlue PPO Deluxe Central PA		*					\$92.00	\$37.32	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42	*	*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	Keystone Health Plan Central, Inc	Senior Blue Option 4	*						\$57.00	-								
		Senior Blue Option 3	*						\$81.00	\$27.01	*	*		*			84	*
		SeniorBlue Option 2	*						\$126.00	\$27.01	*	*		*			84	*
		SeniorBlue Option 1	*						\$164.00	\$27.01	*	*		*			84	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered
DELAWARE	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-				•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Choice Value Plan		•					\$85.00	\$31.26			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.41	•			•	•		97	•
		Aetna Golden Choice Standard Plar		•					\$95.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.41	•			•	•		97	•
	Elder Health Pennsylvania, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$32.59	\$32.59			•				94	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•						\$0.00	-								
		Keystone 65 Complete	•						\$25.44	\$25.44			•				88	
		Keystone 65 Value Rx Option I	•						\$35.00	\$35.00			•				97	•
		Keystone 65 Value Rx Option II	•						\$42.00	\$42.00	•			•			97	•
		Keystone 65 Standard Medical Only	•						\$50.00	-								
		Keystone 65 Standard Rx Option	•						\$85.00	\$35.11			•				97	•
		Keystone 65 Standard Rx Option I	•						\$92.00	\$43.17	•			•			97	•
		Keystone 65 Direct Medical Only	•						\$92.00	-								
		Keystone 65 Standard Rx Option II	•						\$120.00	\$67.25	•			•		•	97	•
		Keystone 65 Direct Rx Option II	•						\$134.00	\$43.17	•			•			97	•
		Keystone 65 Direct Rx Option III	•						\$162.00	\$67.25	•			•	•		97	•
	Personal Choice 65	Personal Choice 65 Value Medical Only		•					\$120.00	-								
		Personal Choice 65 Standard Medical Only		•					\$130.00	-								
		Personal Choice 65 Value Rx Option I		•					\$155.00	\$35.11			•				97	•
		Personal Choice 65 Value Rx Option II		•					\$162.00	\$42.11	•			•			97	•
		Personal Choice 65 Standard Rx Option I		•					\$165.00	\$35.11			•				97	•
		Personal Choice 65 Standard Rx Option II		•					\$172.00	\$42.11	•			•			97	•
		Personal Choice 65 Standard Rx Option III		•					\$229.00	\$60.11	•			•		•	97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United HealthCare Insurance Company	Evercare Plan P		•					\$31.24	\$31.24	•			•			97	•
ELK	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ERIE	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Highmark Inc.	FreedomBlue PPO Crawford/Erie/Mercer		*					\$81.00	\$18.23	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer	*						\$19.00	-				*				
		SecurityBlue Value RX Crawford/Erie/Mercer	*						\$44.00	\$18.23	*			*			87	*
		SecurityBlue Standard Crawford/Erie/Mercer	*						\$64.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Crawford/Erie/Mercer	*						\$91.00	\$37.39	*			*	*		87	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Today's Option	Today's Options Basic				*			\$23.95	-								
		Today's Options Premier				*			\$37.95	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-								
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
FAYETTE	Advantra PPO	Advantra PPO Gold		*					\$100.00	\$21.53	*			*			98	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	HealthAmerica Advantra	Advantra Silver	*						\$0.00	\$0.00	*			*			76	*
		Advantra Gold	*						\$25.00	\$21.53	*			*			98	*
	Highmark Inc.	FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-				*				
		SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*			87	*
		SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-								
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
	FOREST	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87
Humana Insurance Company		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
Sterling Option I		Sterling Option I				*			\$9.00	-								

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
FRANKLIN	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$124.00	\$27.01		*		*			84	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		Today's Option	Today's Options Basic				*			\$23.95	-								
		Today's Options Premier				*			\$37.95	-									
FULTON	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$124.00	\$27.01		*		*			84	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		Advantira PPO	Advantira PPO Gold		*					\$100.00	\$21.53	*		*			98	*	
GREENE	HealthAmerica Advantira	Advantira Silver	*						\$0.00	\$0.00	*			*			76	*	
		Advantira Gold	*						\$25.00	\$21.53	*			*			98	*	
		FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*	
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*	
		Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-				*				
			SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*		87	*	
			SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*		87	*	
			SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*	87	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*		94		
			Unison Advantage Plus	*						\$32.59	\$32.59			*	*		82		
			Unison Advantage Preferred	*						\$96.51	\$49.16			*	*		94		
	HUNTINGDON	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$31.00	-								
			GHP Gold Select Standard Rx	*						\$54.00	\$23.28			*				72	*
			GHP Gold Select \$0 Deductible Rx	*						\$55.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$67.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Preferred		*					\$105.00	-									
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*	
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*	
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*	
		Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*		87	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*		97	*	
			HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
			HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*				97	*	
			HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*		97	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-									
	Today's Option	Today's Options Basic				*			\$23.95	-									
		Today's Options Premier				*			\$37.95	-									

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
INDIANA	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Highmark Inc.	FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*			87	*
		SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-								
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
JEFFERSON	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-								
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
JUNIATA	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$113.00	\$27.01		*		*			84	*
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$31.00	-								
		GHP Gold Select Standard Rx	*						\$54.00	\$23.28			*				72	*
		GHP Gold Select \$0 Deductible Rx	*						\$55.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$67.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-								
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	*						\$44.00	-								
		SeniorBlue Option 3	*						\$68.00	\$27.01		*		*			84	*
		SeniorBlue Option 2	*						\$117.00	\$27.01		*		*			84	*
		SeniorBlue Option 1	*						\$157.00	\$27.01		*		*			84	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
Sterling Option I	Sterling Option I				*			\$9.00	-									

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
LACKAWANNA	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$33.00	-							72	•
		GHP Gold Select Standard Rx	•						\$56.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$57.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$69.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•						\$84.00	-								
		GHP Gold Classic Standard Rx	•						\$107.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•						\$108.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•						\$120.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•					\$105.00	-				•				
		GHP Gold Preferred Standard Rx		•					\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•					\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value North East PA		•					\$20.00	-								
		FreedomBlue PPO Standard North East PA		•					\$83.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe North East PA		•					\$112.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Sterling Partners - Pennsylvania	Sterling Partners- Pennsylvania				•			\$39.00	\$39.00		•		•			95	•
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
LANCASTER	Advantra PPO	Advantra PPO Gold		*					\$77.00	\$27.58	*			*			98	*
	Amerihealth 65	AmeriHealth 65	*						\$23.68	\$23.68			*				88	
	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$124.00	\$27.01		*		*			84	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$30.00	-								
		GHP Gold Select Standard Rx	*						\$53.00	\$23.28			*				72	*
		GHP Gold Select \$0 Deductible Rx	*						\$54.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$66.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Classic	*						\$78.00	-								
		GHP Gold Classic Standard Rx	*						\$101.00	\$23.28			*				72	*
		GHP Gold Classic \$0 Deductible Rx	*						\$102.00	\$23.68	*			*			72	*
		GHP Gold Classic Enhanced Rx	*						\$114.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				*			\$0.00	-				*				
		GHP Gold Choice Standard Rx				*			\$23.00	\$23.00			*				72	*
		GHP Gold Choice \$0 Deductible Rx				*			\$24.00	\$23.68	*			*			72	*
		GHP Gold Choice Enhanced Rx				*			\$36.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-								
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	HealthAmerica Advantra	Advantra Silver	*						\$47.00	\$11.12	*			*			76	*
	Highmark Inc.	FreedomBlue PPO Value Central PA		*					\$0.00	-				*				
		FreedomBlue PPO Standard Central PA		*					\$63.00	\$18.23	*			*			87	*
		FreedomBlue PPO Deluxe Central PA		*					\$92.00	\$37.32	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*				
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx		*					\$25.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Choice		*					\$25.00	-				*				
		Evercare Plan IP		*					\$31.24	\$31.24	*			*			97	*
		Evercare Plan DP		*					\$32.59	\$32.59	*			*			97	*

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan			Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		Mail Order Offered
LAWRENCE	Advantra PPO	Advantra PPO Gold		*					\$100.00	\$21.53	*			*			98	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	HealthAmerica Advantra	Advantra Silver	*						\$0.00	\$0.00	*			*			76	*
		Advantra Gold	*						\$25.00	\$21.53	*			*			98	*
	Highmark Inc.	FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*				
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-				*				
		SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*			87	*
		SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-				*				
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-				*			85	*
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			98	*
LEBANON	Advantra PPO	Advantra PPO Gold		*					\$77.00	\$27.58	*			*			98	*
	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$124.00	\$27.01		*		*			84	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$30.00	-				*			72	*
		GHP Gold Select Standard Rx	*						\$53.00	\$23.28			*	*			72	*
		GHP Gold Select \$0 Deductible Rx	*						\$54.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$66.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Classic	*						\$78.00	-				*				
		GHP Gold Classic Standard Rx	*						\$101.00	\$23.28			*	*			72	*
		GHP Gold Classic \$0 Deductible Rx	*						\$102.00	\$23.68	*			*			72	*
		GHP Gold Classic Enhanced Rx	*						\$114.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				*			\$0.00	-				*				
		GHP Gold Choice Standard Rx				*			\$23.00	\$23.00			*	*			72	*
		GHP Gold Choice \$0 Deductible Rx				*			\$24.00	\$23.68	*			*			72	*
		GHP Gold Choice Enhanced Rx				*			\$36.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-				*				
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*	*			72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	HealthAmerica Advantra	Advantra Silver	*						\$47.00	\$11.12	*			*			76	*
	Highmark Inc.	FreedomBlue PPO Value Central PA		*					\$0.00	-				*				
		FreedomBlue PPO Standard Central PA		*					\$63.00	\$18.23	*			*			87	*
		FreedomBlue PPO Deluxe Central PA		*					\$92.00	\$37.32	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*				
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost			Coverage			Convenience			
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
LEHIGH	Aetna Medicare	Aetna Golden Choice Value Plan		•					\$49.00	\$31.26			•				85	•	
		Aetna Golden Choice Standard Plan		•					\$59.00	\$41.88	•			•			85	•	
		Aetna Golden Choice Premier Plan		•					\$115.00	\$57.41	•			•	•		97	•	
		Amerihealth 65	AmeriHealth 65	•					\$23.68	\$23.68			•				88		
		Capital Advantage Insurance Company	SeniorBlue PPO		•				\$137.00	\$27.01		•		•			84	•	
		Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83		
		Highmark Inc.	FreedomBlue PPO Value Central PA		•				\$0.00										
			FreedomBlue PPO Standard Central PA		•				\$63.00	\$18.23	•			•			87	•	
			FreedomBlue PPO Deluxe Central PA		•				\$92.00	\$37.32	•			•			87	•	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-									
			HumanaChoicePPO PPO R5826-025			•			\$77.00	\$14.42		•					97	•	
			HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•	
			Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•	
		Keystone Health Plan Central, Inc	Senior Blue Option 4	•					\$57.00	-									
			Senior Blue Option 3						\$81.00	\$27.01		•		•			84	•	
			SeniorBlue Option 2	•					\$126.00	\$27.01		•		•			84	•	
			SeniorBlue Option 1	•					\$164.00	\$27.01		•		•			84	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-									
			SecureHorizons Direct Premier Plan 100				•		\$95.00	-									
		Sterling Option I	Sterling Option I				•		\$9.00	-									
	LUZERNE	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$88.00	-								
			GHP Gold Select Standard Rx	•						\$111.00	\$23.28			•				72	•
			GHP Gold Select \$0 Deductible Rx	•						\$112.00	\$23.68	•			•			72	•
			GHP Gold Select Enhanced Rx	•						\$124.00	\$35.66	•			•			72	•
			Geisinger Health Plan Gold Classic	•						\$133.00	-								
		GHP Gold Classic Standard Rx	•						\$156.00	\$23.28			•				72	•	
		GHP Gold Classic \$0 Deductible Rx	•						\$157.00	\$23.68	•			•			72	•	
		GHP Gold Classic Enhanced Rx	•						\$169.00	\$35.66	•			•			72	•	
		Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-									
			GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•	
			GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•	
			GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•	
		Highmark Inc.	FreedomBlue PPO Value North East PA		•				\$20.00	-									
			FreedomBlue PPO Standard North East PA		•				\$83.00	\$18.23	•			•			87	•	
			FreedomBlue PPO Deluxe North East PA		•				\$112.00	\$37.32	•			•			87	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•	
			HumanaChoicePPO PPO R5826-015			•			\$36.00	-									
			HumanaChoicePPO PPO R5826-025			•			\$77.00	\$14.42			•				97	•	
			HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
			SecureHorizons Direct Premier Plan 100				•		\$95.00	-									
		Sterling Option I	Sterling Option I				•		\$9.00	-									
		Unison Health Plan	Unison Advantage Choice	•					\$32.59	\$32.59			•	•			94		
			Unison Advantage Plus	•					\$32.59	\$32.59			•	•			82		
			Unison Advantage Preferred	•					\$96.51	\$49.16			•	•			94		

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																Mail Order Offered		
LYCOMING	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$36.00	-											
		GHP Gold Select Standard Rx	•					\$59.00	\$23.28			•					72	•		
		GHP Gold Select \$0 Deductible Rx	•					\$60.00	\$23.68	•				•				72	•	
		GHP Gold Select Enhanced Rx	•					\$72.00	\$35.66	•				•				72	•	
		Geisinger Health Plan Gold Classic	•					\$82.00	-											
		GHP Gold Classic Standard Rx	•					\$105.00	\$23.28				•					72	•	
		GHP Gold Classic \$0 Deductible Rx	•					\$106.00	\$23.68	•				•				72	•	
		GHP Gold Classic Enhanced Rx	•					\$118.00	\$35.66	•				•				72	•	
		Geisinger Health Plan Gold Choice					•	\$50.00	-											
		GHP Gold Choice Standard Rx					•	\$73.00	\$23.28				•					72	•	
	Geisinger Health Plan Gold Preferred	GHP Gold Choice \$0 Deductible Rx					•	\$74.00	\$23.68	•				•				72	•	
		GHP Gold Choice Enhanced Rx					•	\$86.00	\$35.66	•				•				72	•	
		Geisinger Health Plan Gold Preferred		•				\$105.00	-											
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28				•					72	•	
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•				•				72	•	
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•				•				72	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091					•	\$0.00	\$0.00	•				•				97	•	
		HumanaChoicePPO PPO R5826-015				•		\$36.00	-											
		HumanaChoicePPO PPO R5826-025				•		\$77.00	\$14.42			•						97	•	
		HumanaChoicePPO PPO R5826-002				•		\$86.00	\$22.81	•				•				97	•	
		SecureHorizons Direct					•	\$0.00	-											
		SecureHorizons Direct Premier Plan 200					•	\$85.00	-											
		Sterling Option I					•	\$9.00	-											
		Today's Option					•	\$23.95	-											
		Today's Options Premier					•	\$37.95	-											
		MC KEAN	Highmark Inc.	FreedomBlue PPO West Central PA		•				\$79.00	\$18.23	•				•				87
Humana Insurance Company	HumanaChoicePPO PPO R5826-015				•			\$36.00	-											
	HumanaChoicePPO PPO R5826-025					•		\$77.00	\$14.42			•						97	•	
	HumanaChoicePPO PPO R5826-002					•		\$86.00	\$22.81	•				•				97	•	
	Humana Gold Choice PFFS H1804-093						•	\$104.00	\$21.16	•				•				97	•	
	Sterling Option I						•	\$9.00	-											
	FreedomBlue PPO Crawford/Erie/Mercer			•				\$81.00	\$18.23	•				•				87	•	
Humana Insurance Company	HumanaChoicePPO PPO R5826-015					•		\$36.00	-											
	HumanaChoicePPO PPO R5826-025					•		\$77.00	\$14.42			•						97	•	
	HumanaChoicePPO PPO R5826-002					•		\$86.00	\$22.81	•				•				97	•	
	Humana Gold Choice PFFS H1804-093					•	\$104.00	\$21.16	•				•				97	•		
KeyStone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer	•						\$19.00	-											
	SecurityBlue Value RX Crawford/Erie/Mercer	•						\$44.00	\$18.23	•				•				87	•	
	SecurityBlue Standard Crawford/Erie/Mercer	•						\$64.00	\$18.23	•				•				87	•	
	SecurityBlue Deluxe Crawford/Erie/Mercer	•						\$91.00	\$37.39	•				•	•			87	•	
	Sterling Option I					•		\$9.00	-											
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59				•					94	
		Unison Advantage Plus	•						\$32.59	\$32.59				•					82	
		Unison Advantage Preferred	•						\$96.51	\$49.16				•					94	
		UPMC for Life HMO	•						\$0.00	-										
	UPMC Health Plan	UPMC for Life Specialty Plan	•						\$19.12	\$19.12				•					85	•
UPMC for Life HMO Rx		•						\$74.00	\$22.00				•					85	•	
UPMC for Life PPO			•					\$75.76	-											
UPMC for Life PPO Rx			•					\$121.00	\$32.00				•					85	•	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MIFFLIN	Capital Advantage Insurance Company	SeniorBlue PPO		*				\$113.00	\$27.01		*		*			84	*	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*					\$21.00	-									
		GHP Gold Select Standard Rx	*					\$44.00	\$23.28			*				72	*	
		GHP Gold Select \$0 Deductible Rx	*					\$45.00	\$23.68	*			*			72	*	
		GHP Gold Select Enhanced Rx	*					\$57.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Classic	*					\$72.00	-									
		GHP Gold Classic Standard Rx	*					\$95.00	\$23.28			*				72	*	
		GHP Gold Classic \$0 Deductible Rx	*					\$96.00	\$23.68	*			*			72	*	
		GHP Gold Classic Enhanced Rx	*					\$108.00	\$35.66	*			*			72	*	
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*				\$105.00	-									
		GHP Gold Preferred Standard Rx		*				\$128.00	\$23.28	*			*			72	*	
		GHP Gold Preferred \$0 Deductible Rx		*				\$129.00	\$23.68	*			*			72	*	
		GHP Gold Preferred Enhanced Rx		*				\$141.00	\$35.66	*			*			72	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*			\$36.00	-									
		HumanaChoicePPO PPO R5826-025			*			\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*		\$104.00	\$21.16	*			*			97	*	
	Keystone Health Plan Central, Inc.	SeniorBlue Option 4	*					\$44.00	-									
		SeniorBlue Option 3	*					\$68.00	\$27.01		*		*			84	*	
		SeniorBlue Option 2	*					\$117.00	\$27.01	*			*			84	*	
		SeniorBlue Option 1	*					\$157.00	\$27.01	*			*			84	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
MONROE	Aetna Medicare	Aetna Golden Choice Value Plan		*				\$49.00	\$31.26			*	*			85	*	
		Aetna Golden Choice Standard Plan		*				\$59.00	\$41.88	*			*	*		85	*	
		Aetna Golden Choice Premier Plan		*				\$115.00	\$57.41	*			*	*		97	*	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*					\$53.00	-									
		GHP Gold Select Standard Rx	*					\$76.00	\$23.28			*				72	*	
		GHP Gold Select \$0 Deductible Rx	*					\$77.00	\$23.68	*			*			72	*	
		GHP Gold Select Enhanced Rx	*					\$89.00	\$35.66	*			*			72	*	
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*				\$105.00	-									
		GHP Gold Preferred Standard Rx		*				\$128.00	\$23.28			*				72	*	
		GHP Gold Preferred \$0 Deductible Rx		*				\$129.00	\$23.68	*			*			72	*	
		GHP Gold Preferred Enhanced Rx		*				\$141.00	\$35.66	*			*			72	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*			\$36.00	-									
		HumanaChoicePPO PPO R5826-025			*			\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*		\$104.00	\$21.16	*			*			97	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary				
			HMO	Local PPO	Regional PPO	Private Fee-for-Service															
County	Organization Name	Plan Name									Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		Mail Order Offered			
MONTGOMERY	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-	*				*			85	*		
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*				*	*		85	*		
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*				*	*		85	*		
		Aetna Golden Choice Value Plan		*					\$85.00	\$31.26			*		*	*		85	*		
		Aetna Golden Medicare Premier Plan	*						\$85.00	\$57.41	*				*	*		97	*		
		Aetna Golden Choice Standard Plan		*					\$95.00	\$41.88	*				*	*		85	*		
		Aetna Golden Choice Premier Plan		*					\$149.00	\$57.41	*				*	*		97	*		
		Elder Health Pennsylvania, Inc.	Elder Health	*						\$0.00	\$0.00	*				*			94	*	
		Elder Health Select	*							\$32.59	\$32.59			*					94	*	
		Humana Insurance Company	HumanaChoicePPO PPO R5826-015				*				\$36.00	-								97	*
	HumanaChoicePPO PPO R5826-029					*				\$77.00	\$14.42		*						97	*	
	HumanaChoicePPO PPO R5826-002					*				\$86.00	\$22.81	*				*			97	*	
	Keystone 65	Humana Gold Choice PFFS H1804-093					*			\$104.00	\$21.16	*				*			97	*	
		Keystone 65 Value Medical Only	*							\$0.00	-										
		Keystone 65 Complete	*							\$25.44	\$25.44			*					88		
		Keystone 65 Value Rx Option I	*							\$35.00	\$35.00			*					97	*	
		Keystone 65 Value Rx Option II	*							\$42.00	\$42.00	*				*			97	*	
		Keystone 65 Standard Medical Only	*							\$50.00	-										
		Keystone 65 Standard Rx Option	*							\$85.00	\$35.11			*					97	*	
		Keystone 65 Standard Rx Option I	*							\$92.00	\$43.17	*				*			97	*	
		Keystone 65 Direct Medical Only	*							\$92.00	-										
		Keystone 65 Standard Rx Option II	*							\$120.00	\$67.25	*				*		*	97	*	
		Keystone 65 Direct Rx Option II	*							\$134.00	\$43.17	*				*			97	*	
		Keystone 65 Direct Rx Option III	*							\$162.00	\$67.25	*				*	*		97	*	
		Personal Choice 65	Personal Choice 65 Value Medical Only		*						\$120.00	-									
			Personal Choice 65 Standard Medical Only		*						\$130.00	-									
			Personal Choice 65 Value Rx Option I		*						\$155.00	\$35.11			*					97	*
			Personal Choice 65 Value Rx Option II		*						\$162.00	\$42.11	*				*			97	*
	Personal Choice 65 Standard Rx Option I			*						\$165.00	\$35.11			*					97	*	
	Personal Choice 65 Standard Rx Option II			*						\$172.00	\$42.11	*				*			97	*	
	Personal Choice 65 Standard Rx Option III			*						\$229.00	\$60.11	*				*		*	97	*	
	Senior Partners		Senior Partners Silver	*						\$22.63	\$22.63	*				*			87		
	Sterling Option I		Sterling Option I				*			\$9.00	-										
	United HealthCare Insurance Company		Evercare Plan P		*						\$31.24	\$31.24	*				*			97	*

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MONTOUR	Capital Advantage Insurance Company	SeniorBlue PPO		*				\$113.00	\$27.01		*		*			84	*	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*					\$36.00	-									
		GHP Gold Select Standard Rx	*					\$59.00	\$23.28			*				72	*	
		GHP Gold Select \$0 Deductible Rx	*					\$60.00	\$23.68	*			*			72	*	
		GHP Gold Select Enhanced Rx	*					\$72.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Classic	*					\$82.00	-									
		GHP Gold Classic Standard Rx	*					\$105.00	\$23.28			*				72	*	
		GHP Gold Classic \$0 Deductible Rx	*					\$106.00	\$23.68	*			*			72	*	
		GHP Gold Classic Enhanced Rx	*					\$118.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				*		\$50.00	-								
			GHP Gold Choice Standard Rx				*		\$73.00	\$23.28			*				72	*
			GHP Gold Choice \$0 Deductible Rx				*		\$74.00	\$23.68	*			*			72	*
			GHP Gold Choice Enhanced Rx				*		\$86.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*				\$105.00	-								
			GHP Gold Preferred Standard Rx		*				\$128.00	\$23.28			*				72	*
			GHP Gold Preferred \$0 Deductible Rx		*				\$129.00	\$23.68	*			*			72	*
			GHP Gold Preferred Enhanced Rx		*				\$141.00	\$35.66	*			*			72	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*		\$0.00	\$0.00	*			*			97	*
			HumanaChoicePPO PPO R5826-015			*			\$36.00	-								
			HumanaChoicePPO PPO R5826-029			*			\$77.00	\$14.42		*		*			97	*
			HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*
		Keystone Health Plan Central, Inc	SeniorBlue Option 4	*					\$44.00	-								
			SeniorBlue Option 3	*					\$68.00	\$27.01		*		*			84	*
			SeniorBlue Option 2	*					\$117.00	\$27.01		*		*			84	*
			SeniorBlue Option 1	*					\$157.00	\$27.01		*		*			84	*
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-								
		Sterling Option I	Sterling Option I				*		\$9.00	-								
		Today's Option	Today's Options Basic				*		\$23.95	-								
			Today's Options Premier				*		\$37.95	-								
NORTHAMPTON	Aetna Medicare	Aetna Golden Choice Value Plan		*				\$49.00	\$31.26			*	*			85	*	
		Aetna Golden Choice Standard Plan		*				\$59.00	\$41.88	*			*	*		85	*	
		Aetna Golden Choice Premier Plan		*				\$115.00	\$57.41	*			*	*		97	*	
	Amerihealth 65	AmeriHealth 65	*					\$23.68	\$23.68			*				88		
	Capital Advantage Insurance Company	SeniorBlue PPO		*				\$137.00	\$27.01		*		*			84	*	
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*					\$24.58	\$24.58	*			*			83		
	Highmark Inc.	FreedomBlue PPO Value Central PA		*				\$0.00	-									
		FreedomBlue PPO Standard Central PA		*				\$63.00	\$18.23	*			*			87	*	
		FreedomBlue PPO Deluxe Central PA		*				\$92.00	\$37.32	*			*			87	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*			\$36.00	-									
		HumanaChoicePPO PPO R5826-029			*			\$77.00	\$14.42		*		*			97	*	
		HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*		\$104.00	\$21.16	*			*			97	*	
	Keystone Health Plan Central, Inc	Senior Blue Option 4	*					\$57.00	-									
		Senior Blue Option 3	*					\$81.00	\$27.01		*		*			84	*	
		SeniorBlue Option 2	*					\$126.00	\$27.01		*		*			84	*	
		SeniorBlue Option 1	*					\$164.00	\$27.01		*		*			84	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NORTH CUMBERLAND	Capital Advantage Insurance Company	SeniorBlue PPO		•					\$113.00	\$27.01		•		•			84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$70.00	-								
		GHP Gold Select Standard Rx	•						\$93.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$94.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$106.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc.	SeniorBlue Option 4	•						\$44.00	-								
		SeniorBlue Option 3	•						\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•						\$117.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•						\$157.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
PERRY	Capital Advantage Insurance Company	SeniorBlue PPO		•					\$113.00	\$27.01		•		•			84	•
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	Highmark Inc.	FreedomBlue PPO Value Central PA		•					\$0.00	-								
		FreedomBlue PPO Standard Central PA		•					\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•					\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc.	SeniorBlue Option 4	•						\$44.00	-								
		SeniorBlue Option 3	•						\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•						\$117.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•						\$157.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
PHILADELPHIA	Aetna Medicare	Aetna Golden Medicare Metro Value Plan	•						\$0.00	-				•			85	•	
		Aetna Golden Medicare Basic Plar	•						\$0.00	\$0.00	•			•					
		Aetna Golden Medicare Metro Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•	
		Aetna Golden Choice Metro Value Plar		•					\$85.00	\$31.26			•	•			85	•	
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.41	•			•	•		97	•	
		Aetna Golden Choice Metro Standard Plan		•					\$95.00	\$41.88	•			•	•		85	•	
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.41	•			•	•		97	•	
	Elder Health Personal Care Choice	AmeriChoice Personal Care Plus	•						\$28.05	\$28.05			•				84		
		Elder Health Pennsylvania, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
			Elder Health Select	•						\$32.59	\$32.59			•				94	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015				•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025				•				\$77.00	\$14.42		•					97	•
			HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
			Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•							\$0.00	-								
		Keystone 65 Complete	•							\$24.72	\$24.72			•				88	
		Keystone 65 Value Rx Option I	•							\$35.00	\$35.00			•				97	•
		Keystone 65 Value Rx Option II	•							\$42.00	\$42.00	•			•			97	•
		Keystone 65 Standard Medical Only	•							\$45.00	-								
		Keystone 65 Standard Rx Option	•							\$80.00	\$35.11			•				97	•
		Keystone 65 Standard Rx Option I	•							\$87.00	\$43.17	•			•			97	•
		Keystone 65 Direct Medical Only	•							\$87.00	-								
		Keystone 65 Standard Rx Option II	•							\$105.00	\$67.25	•			•		•	97	•
		Keystone 65 Direct Rx Option II	•							\$129.00	\$43.17	•			•			97	•
		Keystone 65 Direct Rx Option III	•							\$147.00	\$67.25	•			•		•	97	•
		Personal Choice 65	Personal Choice 65 Value Medical Only		•					\$120.00	-								
		Personal Choice 65 Standard Medical Only		•					\$130.00	-									
		Personal Choice 65 Value Rx Option I		•					\$155.00	\$35.11			•					97	•
		Personal Choice 65 Value Rx Option II		•					\$162.00	\$42.11	•			•				97	•
		Personal Choice 65 Standard Rx Option I		•					\$165.00	\$35.11			•					97	•
		Personal Choice 65 Standard Rx Option II		•					\$172.00	\$42.11	•			•				97	•
		Personal Choice 65 Standard Rx Option III		•					\$229.00	\$60.11	•			•		•		97	•
	Senior Partners	Senior Partners Gold	•							\$0.00	-				•				
Senior Partners Silver		•							\$22.63	\$22.63	•			•			87		
	Senior Partners Gold Rx	•							\$25.00	\$25.00			•	•			87		
Sterling Option I	Sterling Option I					•			\$9.00	-									
United HealthCare Insurance Company	Evercare Plan P		•						\$31.24	\$31.24	•			•			97	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-									
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•	
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•	
	Humana Gold Choice PFFS H1804-093					•		\$104.00	\$21.16	•			•			97	•		
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-										
	SecureHorizons Direct Premier Plan 100					•		\$95.00	-										
Sterling Option I	Sterling Option I				•			\$9.00	-										

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
POTTER	Highmark Inc.	FreedomBlue PPO West Central PA		*				\$79.00	\$18.23	*			*			87	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*		\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-015			*			\$36.00	-									
		HumanaChoicePPO PPO R5826-029			*			\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									
	Today's Option	Today's Options Basic				*		\$23.95	-									
		Today's Options Premier				*		\$37.95	-									
SCHUYLKILL	Aetna Medicare	Aetna Golden Choice Value Plan		*				\$49.00	\$31.26			*	*			85	*	
		Aetna Golden Choice Standard Plan		*				\$59.00	\$41.88	*			*	*		85	*	
		Aetna Golden Choice Premier Plan		*				\$115.00	\$57.41	*			*	*		97	*	
	Capital Advantage Insurance Company	SeniorBlue PPO		*				\$97.00	\$27.01		*		*			84	*	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*					\$36.00	-									
		GHP Gold Select Standard Rx	*					\$59.00	\$23.28			*				72	*	
		GHP Gold Select \$0 Deductible Rx	*					\$60.00	\$23.68	*			*			72	*	
		GHP Gold Select Enhanced Rx	*					\$72.00	\$35.66	*			*			72	*	
		Geisinger Health Plan Gold Classic	*					\$82.00	-									
		GHP Gold Classic Standard Rx	*					\$105.00	\$23.28			*				72	*	
		GHP Gold Classic \$0 Deductible Rx	*					\$106.00	\$23.68	*			*			72	*	
		GHP Gold Classic Enhanced Rx	*					\$118.00	\$35.66	*			*			72	*	
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*				\$105.00	-									
		GHP Gold Preferred Standard Rx		*				\$128.00	\$23.28			*				72	*	
		GHP Gold Preferred \$0 Deductible Rx		*				\$129.00	\$23.68	*			*			72	*	
		GHP Gold Preferred Enhanced Rx		*				\$141.00	\$35.66	*			*			72	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*			\$36.00	-									
		HumanaChoicePPO PPO R5826-029			*			\$77.00	\$14.42		*					97	*	
		HumanaChoicePPO PPO R5826-002			*			\$86.00	\$22.81	*			*			97	*	
		Humana Gold Choice PFFS H1804-093				*		\$104.00	\$21.16	*			*			97	*	
	Keystone Health Plan Central, Inc	Senior Blue Option 4	*					\$27.00	-									
		SeniorBlue Option 3	*					\$51.00	\$27.01		*		*			84	*	
		SeniorBlue Option 2	*					\$97.00	\$27.01	*			*			84	*	
		SeniorBlue Option 1	*					\$132.00	\$27.01	*			*			84	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									
	Unison Health Plan	Unison Advantage Choice	*					\$32.59	\$32.59			*	*			94		
		Unison Advantage Plus	*					\$32.59	\$32.59			*	*			82		
		Unison Advantage Preferred	*					\$96.51	\$49.16			*	*			94		

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan										Mail Order Offered
SNYDER	Capital Advantage Insurance Company	SeniorBlue PPO		*					\$113.00	\$27.01		*		*			84	*
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$36.00	-								
		GHP Gold Select Standard Rx	*						\$59.00	\$23.28			*				72	*
		GHP Gold Select \$0 Deductible Rx	*						\$60.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$72.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Classic	*						\$82.00	-								
		GHP Gold Classic Standard Rx	*						\$105.00	\$23.28			*				72	*
		GHP Gold Classic \$0 Deductible Rx	*						\$106.00	\$23.68	*			*			72	*
		GHP Gold Classic Enhanced Rx	*						\$118.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-								
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*				72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091					*		\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015				*			\$36.00	-								
		HumanaChoicePPO PPO R5826-029				*			\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002				*			\$86.00	\$22.81	*			*			97	*
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	*						\$44.00	-								
		SeniorBlue Option 3	*						\$68.00	\$27.01		*		*			84	*
		SeniorBlue Option 2	*						\$117.00	\$27.01		*		*			84	*
		SeniorBlue Option 1	*						\$157.00	\$27.01		*		*			84	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2					*		\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	Sterling Option I	Sterling Option I					*		\$9.00	-								
SOMERSET	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset	*						\$17.00	-								
		SecurityBlue Value RX Bedford/Blair/Somers	*						\$42.00	\$18.23	*			*			87	*
		SecurityBlue Standard Bedford/Blair/Somers	*						\$62.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Bedford/Blair/Somerset	*						\$89.00	\$37.41	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-				*				
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-								
SULLIVAN		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
Today's Option	Today's Options Basic				*			\$23.95	-									
	Today's Options Premier				*			\$37.95	-									

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
SUSQUEHANNA	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-							97	•	
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•	
			HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
			Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•				\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•			\$85.00	-								
		Sterling Option I					•			\$9.00	-								
		Today's Option					•			\$23.95	-								
			Today's Options Premier				•			\$37.95	-								
TIOGA	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$45.00	-									
		GHP Gold Choice Standard Rx					•			\$68.00	\$23.28			•				72	•
			GHP Gold Choice \$0 Deductible Rx					•		\$69.00	\$23.68	•			•			72	•
			GHP Gold Choice Enhanced Rx						•	\$81.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•				\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015				•				\$36.00	-								
			HumanaChoicePPO PPO R5826-025				•			\$77.00	\$14.42		•					97	•
			HumanaChoicePPO PPO R5826-002				•			\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2					•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200					•			\$85.00	-								
		Sterling Option I					•			\$9.00	-								
		Today's Option					•			\$23.95	-								
			Today's Options Premier				•			\$37.95	-								
UNION	Capital Advantage Insurance Company	SeniorBlue PPO			•					\$113.00	\$27.01			•				84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•							\$36.00	-								
		GHP Gold Select Standard Rx		•						\$59.00	\$23.28				•			72	•
		GHP Gold Select \$0 Deductible Rx		•						\$60.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx		•						\$72.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic		•						\$82.00	-								
		GHP Gold Classic Standard Rx		•						\$105.00	\$23.28				•			72	•
		GHP Gold Classic \$0 Deductible Rx		•						\$106.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx		•						\$118.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Choice					•			\$50.00	-								
		GHP Gold Choice Standard Rx						•		\$73.00	\$23.28					•		72	•
		GHP Gold Choice \$0 Deductible Rx						•		\$74.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx						•		\$86.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred			•					\$105.00	-								
		GHP Gold Preferred Standard Rx			•					\$128.00	\$23.28					•		72	•
		GHP Gold Preferred \$0 Deductible Rx			•					\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx			•					\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091					•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015					•			\$36.00	-								
		HumanaChoicePPO PPO R5826-025					•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002					•			\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4		•						\$44.00	-								
		SeniorBlue Option 3		•						\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2		•						\$117.00	\$27.01	•			•			84	•
		SeniorBlue Option 1		•						\$157.00	\$27.01	•			•			84	•
		SecureHorizons Direct	SecureHorizons Direct Plan 2					•			\$0.00	-							
			SecureHorizons Direct Premier Plan 200						•		\$85.00	-							
			Sterling Option I					•			\$9.00	-							
		Today's Option					•			\$23.95	-								
			Today's Options Premier				•			\$37.95	-								

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
VENANGO	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-028			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-								
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00	*		*	*			85	*
		UPMC for Life PPO		*					\$75.76	-								
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
WARREN	Highmark Inc.	FreedomBlue PPO West Central PA		*					\$79.00	\$18.23	*			*			87	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-028			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Today's Option	Today's Options Basic				*			\$23.95	-								
		Today's Options Premier				*			\$37.95	-								
WASHINGTON	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	HealthAmerica Advantra	Advantra Silver	*						\$42.00	\$11.12	*			*			76	*
		Advantra Gold	*						\$56.00	\$21.53	*			*			98	*
	Highmark Inc.	FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-028			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*			87	*
		SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-				*				
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00	*		*	*			85	*
	UPMC for Life PPO		*					\$75.76	-									
	UPMC for Life PPO Rx		*					\$121.00	\$32.00	*	*		*			85	*	
WAYNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-								
		HumanaChoicePPO PPO R5826-028			*				\$77.00	\$14.42		*					97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
WESTMORELAND	Advantra PPO	Advantra PPO Gold		*					\$100.00	\$21.53	*			*			98	*
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	*						\$24.58	\$24.58	*			*			83	
	HealthAmerica Advantra	Advantra Silver	*						\$0.00	\$0.00	*			*			76	*
		Advantra Gold	*						\$25.00	\$21.53	*			*			98	*
	Highmark Inc.	FreedomBlue PPO Southwestern PA		*					\$86.00	\$18.23	*			*			87	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*				
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
		Humana Gold Choice PFFS H1804-093				*			\$104.00	\$21.16	*			*			97	*
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	*						\$0.00	-				*				
		SecurityBlue Value RX Southwestern PA	*						\$25.00	\$18.23	*			*			87	*
		SecurityBlue Standard Southwestern PA	*						\$45.00	\$18.23	*			*			87	*
		SecurityBlue Deluxe Southwestern PA	*						\$96.00	\$37.36	*			*	*		87	*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
	Unison Health Plan	Unison Advantage Choice	*						\$32.59	\$32.59			*	*			94	
		Unison Advantage Plus	*						\$32.59	\$32.59			*	*			82	
		Unison Advantage Preferred	*						\$96.51	\$49.16			*	*			94	
	UPMC Health Plan	UPMC for Life HMO	*						\$0.00	-				*				
		UPMC for Life Specialty Plan	*						\$19.12	\$19.12		*		*			85	*
		UPMC for Life HMO Rx	*						\$74.00	\$22.00		*		*			85	*
		UPMC for Life PPO		*					\$75.76	-				*				
		UPMC for Life PPO Rx		*					\$121.00	\$32.00		*		*			85	*
WYOMING	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	*						\$43.00	-				*				
		GHP Gold Select Standard Rx	*						\$66.00	\$23.28			*	*			72	*
		GHP Gold Select \$0 Deductible Rx	*						\$67.00	\$23.68	*			*			72	*
		GHP Gold Select Enhanced Rx	*						\$79.00	\$35.66	*			*			72	*
		Geisinger Health Plan Gold Classic	*						\$99.00	-				*				
		GHP Gold Classic Standard Rx	*						\$122.00	\$23.28			*	*			72	*
		GHP Gold Classic \$0 Deductible Rx	*						\$123.00	\$23.68	*			*			72	*
		GHP Gold Classic Enhanced Rx	*						\$135.00	\$35.66	*			*			72	*
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		*					\$105.00	-				*				
		GHP Gold Preferred Standard Rx		*					\$128.00	\$23.28			*	*			72	*
		GHP Gold Preferred \$0 Deductible Rx		*					\$129.00	\$23.68	*			*			72	*
		GHP Gold Preferred Enhanced Rx		*					\$141.00	\$35.66	*			*			72	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-015			*				\$36.00	-				*				
		HumanaChoicePPO PPO R5826-025			*				\$77.00	\$14.42		*		*			97	*
		HumanaChoicePPO PPO R5826-002			*				\$86.00	\$22.81	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				

Pennsylvania Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan									Mail Order Offered	
YORK	Amerihealth 65	AmeriHealth 65	•						\$23.68	\$23.68			•				88	
	Capital Advantage Insurance Company	SeniorBlue PPO		•					\$124.00	\$27.01		•		•			84	•
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$0.00	-								
		GHP Gold Choice Standard Rx				•			\$23.00	\$23.00			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•			\$24.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•			\$36.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value Central PA		•					\$0.00	-								
		FreedomBlue PPO Standard Central PA		•					\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•					\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-025			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•	•			82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
		UnitedHealthcare Medicare Comp Choice Rx		•					\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice		•					\$0.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
		Evercare Plan IP		•					\$31.24	\$31.24	•			•			97	•
		Evercare Plan DP		•					\$32.59	\$32.59	•			•			97	•